



GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF CAMPAIGN FINANCE
WASHINGTON, D.C. 20003

REPORT OF RECEIPTS AND EXPENDITURES
FOR CANDIDATES, PRINCIPAL CAMPAIGN OR POLITICAL COMMITTEES,
POLITICAL ACTION COMMITTEES, INDEPENDENT EXPENDITURE COMMITTEES

SUMMARY PAGE

1. Full Name of Committee (Name of Candidate, if Candidate is reporting) Brooke Pinto for Ward 2	2. OCF Identification Number PCCCC2207165
Address 1219 Q Street, NW	3. Is this report an Amendment? (Yes or No) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City, State and Zip Code Washington, DC 20009	

4. TYPE OF REPORT: **January 31st Report**

This REPORT contains activity for: **General Election**

SUMMARY	COLUMN A THIS PERIOD	COLUMN B CUMULATIVE TO-DATE
5. Covering Period 8/1/2021 through 1/31/2022		
6. (a) Cash on Hand (January 31 Year End Report Only)		\$ 28,011.78
(b) Cash on Hand at Beginning of Reporting Period	\$ 23,729.39	
(c) Total Receipts [from Line (16)]	\$ 19,675.00	\$ 271,960.29
(d) Subtotal [add Lines 6(b) and 6(c) for Column A]	\$ 43,404.39	
7. Total Expenditures (from Line 22)	\$ 3,333.74	\$ 231,889.64
8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)]	\$ 40,070.65	
9. Debts and Obligations Owed BY the Committee or the Candidate (itemize all on Schedule D)	\$ 0.00	\$ 0.00
10. (a) Loans Owed By the Committee to the Candidate (itemize all on Schedule E)	\$ 0.00	\$ 25,000.00
(b) Loans from other sources made to the Committee (itemize all on Schedule E-1)	\$ 0.00	\$ 0.00

CERTIFICATIONS/OATHS AND AFFIRMATIONS OF FILERS OF REPORTS OF RECEIPTS AND EXPENDITURES

(1) OATH OR AFFIRMATION OF CANDIDATE IF FILING

I HEREBY SWEAR OR AFFIRM, SUBJECT TO PENALTIES OF PERJURY, THAT I HAVE USED ALL REASONABLE DUE DILIGENCE TO PREPARE THIS REPORT, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE REPORT IS TRUE AND COMPLETE; AND I FURTHER SWEAR OR AFFIRM THAT I USED ALL REASONABLE DUE DILIGENCE TO ENSURE THAT I AND THE POLITICAL COMMITTEES AFFILIATED/AUTHORIZED BY MY CAMPAIGN ARE IN COMPLIANCE WITH THE REPORTING REQUIREMENTS OF THE DISTRICT OF COLUMBIA CAMPAIGN FINANCE ACT OF 2011, AND HAVE ADVISED ALL CONTRIBUTORS OF THE OBLIGATIONS IMPOSED ON CONTRIBUTORS BY THE CAMPAIGN FINANCE ACT.

Ms. Brooke Pinto

TYPE OR PRINT FULL NAME OF CANDIDATE

ELECTRONICALLY CERTIFIED

01/31/2022

SIGNATURE OF CANDIDATE

DATE

SUBSCRIBED AND SWORN TO BEFORE ME THIS THE _____ DAY _____ OF _____, 20

NOTARY PUBLIC

NOTE: SUBMISSION OF LATE, FALSE, ERRONEOUS, OR INCOMPLETE INFORMATION MAY SUBJECT THE PERSON TO THE PENALTIES OF D.C. OFFICIAL CODE § 1-1163.35.

(2) OATH OR AFFIRMATION OF COMMITTEE TREASURER

I HEREBY SWEAR OR AFFIRM, SUBJECT TO PENALTIES OF PERJURY THAT I HAVE USED ALL REASONABLE DUE DILIGENCE TO PREPARE THIS REPORT, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE REPORT IS TRUE, CORRECT AND COMPLETE.

TYPE OR PRINT FULL NAME OF TREASURER

SIGNATURE OF TREASURER

DATE

SUBSCRIBED AND SWORN TO BEFORE ME THIS THE _____ DAY _____ OF _____, 20

NOTARY PUBLIC

NOTE: SUBMISSION OF LATE, FALSE, ERRONEOUS, OR INCOMPLETE INFORMATION MAY SUBJECT THE PERSON TO THE PENALTIES OF D.C. OFFICIAL CODE § 1-1163.35.

(3) OATH OR AFFIRMATION OF COMMITTEE TREASURER OF INDEPENDENT EXPENDITURE COMMITTEE

I HEREBY SWEAR OR AFFIRM, SUBJECT TO PENALTIES OF PERJURY THAT I HAVE USED ALL REASONABLE DUE DILIGENCE TO PREPARE THIS REPORT, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE REPORT IS TRUE AND COMPLETE; AND I FURTHER SWEAR OR AFFIRM THAT THE COMMITTEE HAS MADE NO CONTRIBUTIONS OR TRANSFER OF FUNDS TO ANY PUBLIC OFFICIAL OR CANDIDATE, ANY POLITICAL COMMITTEE, OR ANY POLITICAL ACTION COMMITTEE.

TYPE OR PRINT FULL NAME OF TREASURER

SIGNATURE OF TREASURER

DATE

SUBSCRIBED AND SWORN TO BEFORE ME THIS THE _____ DAY _____ OF _____, 20

NOTARY PUBLIC

NOTE: SUBMISSION OF LATE, FALSE, ERRONEOUS, OR INCOMPLETE INFORMATION MAY SUBJECT THE PERSON TO THE PENALTIES OF D.C. OFFICIAL CODE § 1-1163.35.

(4) OATH OR AFFIRMATION OF COMMITTEE TREASURER OF POLITICAL ACTION COMMITTEE

I HEREBY SWEAR OR AFFIRM, SUBJECT TO PENALTIES OF PERJURY THAT I HAVE USED ALL REASONABLE DUE DILIGENCE TO PREPARE THIS REPORT, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE REPORT IS TRUE AND COMPLETE; AND I FURTHER SWEAR OR AFFIRM THAT THE CONTRIBUTIONS RECEIVED BY THE COMMITTEE AND THE EXPENDITURES MADE HAVE NOT BEEN CONTROLLED OR DIRECTED BY ANY PUBLIC OFFICIAL OR CANDIDATE, ANY POLITICAL COMMITTEE, OR ANY POLITICAL PARTY.

TYPE OR PRINT FULL NAME OF TREASURER

SIGNATURE OF TREASURER

DATE

SUBSCRIBED AND SWORN TO BEFORE ME THIS THE _____ DAY _____ OF _____, 20

NOTARY PUBLIC

NOTE: SUBMISSION OF LATE, FALSE, ERRONEOUS, OR INCOMPLETE INFORMATION MAY SUBJECT THE PERSON TO THE PENALTIES OF D.C. OFFICIAL CODE § 1-1163.35.

**DETAILED SUMMARY PAGE
OF RECEIPTS AND EXPENDITURES
OCF Form 16, Page 2**

1. Full Name of Committee (Name of Candidate, if Candidate is reporting) Brooke Pinto for Ward 2	REPORT COVERING THE PERIOD FROM: 8/1/2021 TO: 1/31/2022	
I. RECEIPTS	COLUMN A TOTAL THIS PERIOD	COLUMN B CUMULATIVE TO-DATE CUMULATIVE YEAR-TO-DATE
11. CONTRIBUTIONS (OTHER THAN LOANS) FROM:		
(a) Individuals/Organizations Other Than Political Committees (Schedule A)	\$ 19,675.00	\$ 193,397.15 11(a)
(b) Political Party Committees (Schedule A-1)	\$ 0.00	\$ 0.00 11(b)
(c) Political Committees Other than Pol. Comms. Authorized by the same Candidate (Schedule A-2)	\$ 0.00	\$ 1,905.21 11(c)
(d) The Candidate (Schedule A-3)	\$ 0.00	\$ 21,244.93 11(d)
(e) Transfers From Authorized Committees of the Candidate identified in this Report (Schedule A-4)	\$ 0.00	\$ 0.00 11(e)
(f) Itemized Monetary Contributions received in excess of \$10,000 from source not associated with the candidate or committee (Schedule A-7)	\$ 0.00	\$ 0.00 11(f)
(g) Total Contributions (Other than Loans) [add lines 11(a), (b), (c), (d), (e) and (f)]	\$ 19,675.00	\$ 216,547.29 11(g)
12. SALES AND COLLECTIONS (Schedule C)	\$ 0.00	\$ 0.00 12
13. LOANS		
(a) Loans owed By the Committee to the Candidate (Schedule E)	\$ 0.00	\$ 25,000.00 13(a)
(b) Loans from other source made to the Committee (Schedule E-1)	\$ 0.00	\$ 0.00 13(b)
(c) Total Loans [add Lines 13(a) and (b)]	\$ 0.00	\$ 25,000.00 13(c)
14. OTHER RECEIPTS (Dividends, Interest, etc.) (Schedule A-5)	\$ 0.00	\$ 28,123.74 14
15. OFFSETS TO OPERATING EXPENDITURES (Schedule A-6)	\$ 0.00	\$ 2,289.26 15
16. TOTAL RECEIPTS [add Lines 11(g), 12, 13(c), 14 and 15]	\$ 19,675.00	\$ 271,960.29 16
II. EXPENDITURES		
17. OPERATING EXPENDITURES (Schedule B)	\$ 3,333.74	\$ 196,826.04 17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES (Schedule B-1)	\$ 0.00	\$ 0.00 18
19. LOAN REPAYMENTS:		
(a) Of Loans owed By the Committee to the Candidate (Schedule E)	\$ 0.00	\$ 0.00 19(a)
(b) Of Loans from other source made to the Committee (Schedule E-1)	\$ 0.00	\$ 0.00 19(b)
(c) Total Loan Repayments [add Lines 19(a) and 19(b)]	\$ 0.00	\$ 0.00 19(c)
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Organizations Other Than Political Committees (Schedule B-2)	\$ 0.00	\$ 14,150.00 20(a)
(b) Political Party Committees (Schedule B-3)	\$ 0.00	\$ 0.00 20(b)
(c) Other Political Committees and PACs (Schedule B-4)	\$ 0.00	\$ 0.00 20(c)
(d) Total Contribution Refunds [add Lines 20(a), (b), and (c)]	\$ 0.00	\$ 14,150.00 20(d)
21. OTHER EXPENDITURES		
(a) Independent Expenditures (Schedule B-5)	\$ 0.00	\$ 0.00 21(a)
(b) Offsets to Receipts (Schedule B-6)	\$ 0.00	\$ 20,913.60 21(b)
(c) Total Other Expenditures [add Lines 21(a), and 21(b)]	\$ 0.00	\$ 20,913.60 21(c)
22. TOTAL EXPENDITURES [add Lines 17, 18, 19(c), 20(d), and 21(c)]	\$ 3,333.74	\$ 231,889.64 22
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	23,729.39
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	19,675.00
25. SUBTOTAL (add Lines 23 and 24)	\$	43,404.39
26. TOTAL EXPENDITURES THIS PERIOD (from Line 22)	\$	3,333.74
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	\$	40,070.65

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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Full Name of Committee (Name of Candidate, if Candidate is reporting)

Brooke Pinto for Ward 2

1. Full Name, Mailing Address and Zip Code Joseph Galli 4411 Cathedral Ave NW, Washington, DC 20016	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 11/09/2021	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Real Estate Name and Address of Employer Bernstein Companies 3299 K St NW, Washington, DC 20007		
Aggregate Year-To-date		\$ 500.00	
2. Full Name, Mailing Address and Zip Code Cynthia Howar 3940 Highwood Ct NW, Washington, DC 20007	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 11/09/2021	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Name and Address of Employer Self Employed		
Aggregate Year-To-date		\$ 500.00	
3. Full Name, Mailing Address and Zip Code Adam Bernstein 4409 Kingle St NW, Washington, DC 20016	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 11/09/2021	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Real Estate Name and Address of Employer Bernstein Companies 3299 K St NW, Washington, DC 20007		
Aggregate Year-To-date		\$ 500.00	
4. Full Name, Mailing Address and Zip Code Joseph Hassett 555 13th St NW, Washington, DC 20004	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 11/09/2021	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Attorney Name and Address of Employer Hogan Lovells		
Aggregate Year-To-date		\$ 500.00	
5. Full Name, Mailing Address and Zip Code Richard Levy 2808 P St NW, Washington, DC 20007	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 11/09/2021	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Real Estate Name and Address of Employer The Levy Group 1321 Wisconsin Ave NW, Washington, DC 20007		
Aggregate Year-To-date		\$ 500.00	

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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Full Name of Committee (Name of Candidate, if Candidate is reporting)

Brooke Pinto for Ward 2

6. Full Name, Mailing Address and Zip Code Ashley Burke 3217 Volta Pl NW, Washington, DC 20007	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 11/11/2021	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Communications Name and Address of Employer NMA 101 Constitution Ave NW, Washington, DC 20001		
Aggregate Year-To-date		\$ 100.00	
7. Full Name, Mailing Address and Zip Code Arthur and Margaret Heimbold 3254 N St NW, Washington, DC 20007	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 11/11/2021	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Realtor Name and Address of Employer Long and Foster 1680 Wisconsin Ave NW, Washington, DC 20007		
Aggregate Year-To-date		\$ 100.00	
8. Full Name, Mailing Address and Zip Code David Bradley 2211 30th St NW, Washington, DC 20008	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 11/12/2021	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Self Employed Name and Address of Employer B5 Enterprises		
Aggregate Year-To-date		\$ 500.00	
9. Full Name, Mailing Address and Zip Code Marcia Carlucci 1207 Crest Ln, McLean, VA 22101	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 11/14/2021	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Name and Address of Employer Not employed		
Aggregate Year-To-date		\$ 500.00	
10. Full Name, Mailing Address and Zip Code Houston Powell 3030 K St NW Apt 210, Washington, DC 20007	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 11/15/2021	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Name and Address of Employer Not employed		
Aggregate Year-To-date		\$ 500.00	

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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Full Name of Committee (Name of Candidate, if Candidate is reporting)

Brooke Pinto for Ward 2

11. Full Name, Mailing Address and Zip Code Jenn Crovato 1215 29th St NW, Washington, DC 20007	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 11/17/2021	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Chef Name and Address of Employer 1310 Kitchen and Bar 1310 Wisconsin Ave NW, Washington, DC 20007		
Aggregate Year-To-date			\$ 250.00
12. Full Name, Mailing Address and Zip Code Mary Maxwell 20265 Water Mark Pl, Potomac Falls, VA 20165	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 11/18/2021	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Physician Name and Address of Employer MedStar Health 10980 Grantchester Way Fl 8, Columbia, MD 21044		
Aggregate Year-To-date			\$ 500.00
13. Full Name, Mailing Address and Zip Code Kenneth Samet 8820 Burdette Rd, Bethesda, MD 20817	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 11/19/2021	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Healthcare Executive Name and Address of Employer MedStar Health 10980 Grantchester Way, Columbia, MD 21044		
Aggregate Year-To-date			\$ 1,000.00
14. Full Name, Mailing Address and Zip Code Stacy Samet 8820 Burdette Rd, Bethesda, MD 20817	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 11/19/2021	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Name and Address of Employer Not employed		
Aggregate Year-To-date			\$ 500.00
15. Full Name, Mailing Address and Zip Code Greg Argyros 16809 Ethelwood Ter, Olney, MD 20832	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 11/20/2021	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Physician Name and Address of Employer MedStar Health 110 Irving St NW, Washington, DC 20010		
Aggregate Year-To-date			\$ 500.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions, or for commercial purposes.

Full Name of Committee (Name of Candidate, if Candidate is reporting)

Brooke Pinto for Ward 2

16. Full Name, Mailing Address and Zip Code Susan Nelson 5895 Deborah Jean Dr, Elkridge, MD 21075	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 11/20/2021	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Finance Name and Address of Employer MedStar 10980 Grantchester Way, Columbia, MD 21044		
Aggregate Year-To-date			\$ 500.00
17. Full Name, Mailing Address and Zip Code Annemarie Ryan 1425 33rd St NW, Washington, DC 20007	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 11/21/2021	Amount of Each Receipt This Period \$ 325.00
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed		
Aggregate Year-To-date			\$ 700.00
18. Full Name, Mailing Address and Zip Code Annemarie Ryan 1425 33rd St NW, Washington, DC 20007	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 11/21/2021	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed		
Aggregate Year-To-date			\$ 700.00
19. Full Name, Mailing Address and Zip Code Michael Sachtleben 1100 Mill Field Ct, Great Falls, VA 22066	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 11/21/2021	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Healthcare Administrator Name and Address of Employer MedStar Health 3800 Reservoir Rd NW, Washington, DC 20007		
Aggregate Year-To-date			\$ 1,000.00
20. Full Name, Mailing Address and Zip Code Eric Wagner 711 E Timber Branch Pkwy, Alexandria, VA 22302	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 11/21/2021	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Healthcare Name and Address of Employer MedStar		
Aggregate Year-To-date			\$ 500.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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Full Name of Committee (Name of Candidate, if Candidate is reporting)

Brooke Pinto for Ward 2

21. Full Name, Mailing Address and Zip Code Susan Sterling 10508 Streamview Ct, Potomac, MD 20854	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 11/22/2021	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Executive Director Name and Address of Employer National Museum of Women in the Arts 1250 New York Ave NW, Washington, DC 20005		
Aggregate Year-To-date		\$ 500.00	
22. Full Name, Mailing Address and Zip Code Oliver Johnson 14717 Dover Rd, Reisterstown, MD 21136	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 11/22/2021	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Attorney Name and Address of Employer MedStar 10980 Grantchester Way, Columbia, MD 21044		
Aggregate Year-To-date		\$ 500.00	
23. Full Name, Mailing Address and Zip Code Mabel Johnson 14717 Dover Rd, Reisterstown, MD 21136	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 11/22/2021	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Name and Address of Employer Not employed		
Aggregate Year-To-date		\$ 500.00	
24. Full Name, Mailing Address and Zip Code Stephen Evans 8828 Burning Tree Rd, Bethesda, MD 20817	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 11/23/2021	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date		\$ 500.00	
25. Full Name, Mailing Address and Zip Code Peter Curley 3265 P St NW, Washington, DC 20007	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 11/26/2021	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Advisor Name and Address of Employer US Department of Treasury 1500 Pennsylvania Ave NW, Washington, DC 20220		
Aggregate Year-To-date		\$ 250.00	

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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Full Name of Committee (Name of Candidate, if Candidate is reporting)

Brooke Pinto for Ward 2

26. Full Name, Mailing Address and Zip Code Moira Uskokovic Bogrov 2541 Waterside Dr NW, Washington, DC 20008	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 11/30/2021	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation MD Name and Address of Employer George Washington University 800 21st St NW, Washington, DC 20052		
Aggregate Year-To-date		\$ 100.00	
27. Full Name, Mailing Address and Zip Code Rick Murphy 3136 P St NW, Washington, DC 20007	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 11/30/2021	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Name and Address of Employer Not employed		
Aggregate Year-To-date		\$ 250.00	
28. Full Name, Mailing Address and Zip Code Shalom Baranes 3052 P St NW, Washington, DC 20007	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 11/30/2021	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Architect Name and Address of Employer Shalom Baranes Associates 1010 Wisconsin Ave NW, Washington, DC 20007		
Aggregate Year-To-date		\$ 500.00	
29. Full Name, Mailing Address and Zip Code Peter Rogers 1505 28th St NW, Washington, DC 20007	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 12/01/2021	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation CEO Name and Address of Employer B4 Checkin Ltd		
Aggregate Year-To-date		\$ 250.00	
30. Full Name, Mailing Address and Zip Code Fabiola Marten 4910 Massachusetts Ave NW, Washington, DC 20016	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 12/01/2021	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Name and Address of Employer Not employed		
Aggregate Year-To-date		\$ 100.00	

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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Full Name of Committee (Name of Candidate, if Candidate is reporting)

Brooke Pinto for Ward 2

31. Full Name, Mailing Address and Zip Code John Rockwood 6232 32nd Pl NW, Washington, DC 20015	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 12/05/2021	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Hospital Administration Name and Address of Employer MedStar Health 102 Irving St NW, Washington, DC 20010		
Aggregate Year-To-date			\$ 600.00
32. Full Name, Mailing Address and Zip Code Thomas Ryan 1425 33rd St NW, Washington, DC 20007	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 12/05/2021	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed		
Aggregate Year-To-date			\$ 700.00
33. Full Name, Mailing Address and Zip Code John Delaney 8921 Durham Dr, Potomac, MD 20854	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 12/06/2021	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Executive Name and Address of Employer Forbright		
Aggregate Year-To-date			\$ 500.00
34. Full Name, Mailing Address and Zip Code Patricia Lotuff 395 Eel River Rd, Osterville, MA 02655	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 12/06/2021	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed		
Aggregate Year-To-date			\$ 750.00
35. Full Name, Mailing Address and Zip Code Joe Sternlieb 3811 Kanawha St NW, Washington, DC 20015	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 12/06/2021	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation City Planner Name and Address of Employer Georgetown BID 3811 Kanawha St NW, Washington, DC 20015		
Aggregate Year-To-date			\$ 500.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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Full Name of Committee (Name of Candidate, if Candidate is reporting)

Brooke Pinto for Ward 2

36. Full Name, Mailing Address and Zip Code Lisa Bernstein 3331 N St NW, Washington, DC 20007	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 12/06/2021	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Founder Name and Address of Employer Doctrina Education Consulting LLC 39 Ardsmoor Rd, Melrose, MA 02176		
Aggregate Year-To-date			\$ 1,000.00
37. Full Name, Mailing Address and Zip Code Gretchen Neal 5502 Albia Rd, Bethesda, MD 20816	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 12/06/2021	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Sales Name and Address of Employer SMS		
Aggregate Year-To-date			\$ 500.00
38. Full Name, Mailing Address and Zip Code David Catania 2122 Newport Pl NW, Washington, DC 20037	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 12/06/2021	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Managing Director Name and Address of Employer Georgetown Public Affairs 2122 Newport Pl NW, Washington, DC 20037		
Aggregate Year-To-date			\$ 1,500.00
39. Full Name, Mailing Address and Zip Code David Catania 2122 Newport Pl NW, Washington, DC 20037	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 12/06/2021	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Managing Director Name and Address of Employer Georgetown Public Affairs 2122 Newport Pl NW, Washington, DC 20037		
Aggregate Year-To-date			\$ 1,500.00
40. Full Name, Mailing Address and Zip Code Jennifer Romm 1336 30th St NW, Washington, DC 20007	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 12/06/2021	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation Name and Address of Employer Library of Congress 101 Independence Ave SE, Washington, DC 20540		
Aggregate Year-To-date			\$ 200.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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Full Name of Committee (Name of Candidate, if Candidate is reporting)

Brooke Pinto for Ward 2

41. Full Name, Mailing Address and Zip Code Shelly Galli 4411 Cathedral Ave NW, Washington, DC 20016	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 12/06/2021	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Name and Address of Employer Not employed		
Aggregate Year-To-date			\$ 500.00
42. Full Name, Mailing Address and Zip Code Winton Holladay 3200 Idaho Ave NW, Washington, DC 20016	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 12/06/2021	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Name and Address of Employer Not employed		
Aggregate Year-To-date			\$ 500.00
43. Full Name, Mailing Address and Zip Code Cherrie Doggett 5002 Warren St NW, Washington, DC 20016	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 12/07/2021	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Parking and Real Estate Name and Address of Employer Doggett Ent Inc 1200 29th St NW, Washington, DC 20007		
Aggregate Year-To-date			\$ 500.00
44. Full Name, Mailing Address and Zip Code Brittany Sawyer 2624 P St NW, Washington, DC 20007	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 12/07/2021	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Real Estate Name and Address of Employer Washington Fine Properties 2624 P St NW, Washington, DC 20007		
Aggregate Year-To-date			\$ 50.00
45. Full Name, Mailing Address and Zip Code Martha Dippell 101 E Melrose St, Chevy Chase, MD 20815	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 12/09/2021	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Name and Address of Employer Not employed		
Aggregate Year-To-date			\$ 500.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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Full Name of Committee (Name of Candidate, if Candidate is reporting)

Brooke Pinto for Ward 2

46. Full Name, Mailing Address and Zip Code Anne Rogers 1505 28th St NW, Washington, DC 20007	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 12/12/2021	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Name and Address of Employer Not employed		
Aggregate Year-To-date			\$ 500.00
47. Full Name, Mailing Address and Zip Code Daniel Korengold 101 E Melrose St, Chevy Chase, MD 20815	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 12/31/2021	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Businessman Name and Address of Employer Ourisman Automotive 101 E Melrose St, Chevy Chase, MD 20815		
Aggregate Year-To-date			\$ 500.00
TOTAL This Period (Aggregate of all Receipt pages)			\$ 19,675.00

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FULL Name of Committee (Name of Candidate, if Candidate is reporting)

Brooke Pinto for Ward 2

1. Full Name, Mailing Address and Zip Code Daniel Moskowitz 460 L Street NW, Washington, DC 20001	Purpose of Expenditure Consultant	Date (month, day, year) 08/04/2021	Amount of Each Expenditure This Period \$ 67.50
Occupation Consultant	Name and Address of Employer Self		
2. Full Name, Mailing Address and Zip Code Daniel Moskowitz 460 L Street NW, Washington, DC 20001	Purpose of Expenditure Consultant	Date (month, day, year) 10/01/2021	Amount of Each Expenditure This Period \$ 540.00
Occupation Consultant	Name and Address of Employer Self		
3. Full Name, Mailing Address and Zip Code Daniel Moskowitz 460 L Street NW, Washington, DC 20001	Purpose of Expenditure Consultant	Date (month, day, year) 10/13/2021	Amount of Each Expenditure This Period \$ 585.00
Occupation Consultant	Name and Address of Employer Self		
4. Full Name, Mailing Address and Zip Code Sophie Ossip 5015 Warren Street, Washington, DC 20016	Purpose of Expenditure Consultant	Date (month, day, year) 12/20/2021	Amount of Each Expenditure This Period \$ 80.00
Occupation	Name and Address of Employer Brooke Pinto for Ward 2 1219 Q Street NW, Washington, DC 20009		
5. Full Name, Mailing Address and Zip Code Truist Bank 1219 Q Street NW, Washington, DC 20009	Purpose of Expenditure Bank Fees	Date (month, day, year) 12/20/2021	Amount of Each Expenditure This Period \$ 61.24
Occupation	Name and Address of Employer		
6. Full Name, Mailing Address and Zip Code Daniel Moskowitz 460 L Street NW, Washington, DC 20001	Purpose of Expenditure Consultant	Date (month, day, year) 12/20/2021	Amount of Each Expenditure This Period \$ 2,000.00
Occupation Consultant	Name and Address of Employer Self		
TOTAL This Period (Aggregate of all expenditure pages)			\$ 3,333.74

SCHEDULE E
LOANS OWED BY THE COMMITTEE TO THE CANDIDATE

Page 1 of 1 for Line Number 13a

Full Name of Committee (Name of Candidate, if Candidate is reporting) Brooke Pinto for Ward 2				
1. Full Name, Mailing Address and Zip Code of Loan Source Brooke Pinto 1219 Q Street NW, Washington, DC 20009	Original Amount of Loan \$ 25,000.00	Payment this period \$ 0.00	Cumulative Payment to Date \$0.00	Balance Outstanding at Close of this Period \$ 25,000.00
Terms: Date Incurred: 04/21/2020 Date Due: 12/31/2020 Interest Rate: 0.00 % (apr) <input type="checkbox"/> Secured				
TOTALS this period (Aggregate the Subtotals from all Loan Schedules)				\$ 25,000.00
Carry Outstanding Loan Balance forward to Line 10 (a) on the Summary Page.				